



# TRANSMITTAL FORM

Application Serial Number	09/881,283
Filing Date	June 14, 2001
First Named Inventor	Crowley
Group Art Unit	3737
Examiner Name	Jung, W.
Attorney Docket No.	BSC-031CN
Confirmation No.	7430
Issue Date	Not applicable

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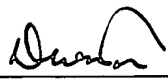
## ENCLOSURES (check all that apply)

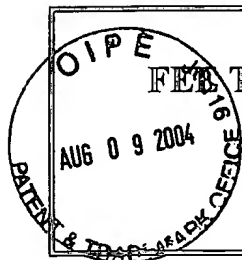
- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Amendment/Response (12 pgs)<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><br><input type="checkbox"/> Petition for Extension of Time<br><br><input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (2 pgs)<br><input checked="" type="checkbox"/> Form PTO-1449 (1 pg)<br><input checked="" type="checkbox"/> Copies of cited references (A113-A121)<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application<br><br><input type="checkbox"/> Formal Drawing(s)<br><br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><br><input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> CD(s) for large table or computer program<br><br><input type="checkbox"/> Amendment After Allowance<br><br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Brief (in triplicate)<br><br><input type="checkbox"/> Status Inquiry<br><br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|---|---|

## CORRESPONDENCE ADDRESS

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## SIGNATURE BLOCK

Respectfully submitted,  
  
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PTO Customer No. 021323



FEE TRANSMITTAL  
FY 2004

Complete if Known	
Application Serial Number	09/881,283
Receipt Date	June 14, 2001
First Named Inventor	Crowley
Group Art Unit	3737
Confirmation No.	7430
Examiner Name	W. Jung
Attorney Docket No.	BSC-031CN

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METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
3. <input type="checkbox"/> Applicant claims small entity status.					
<b>FEE CALCULATION</b>					
1. FILING FEE					
Large Entity Fee (\$)	Fee Description				
770	Utility filing fee				
340	Design filing fee				
160	Provisional filing fee				
	Number Filed	Number Extra	Rate	Amount	
Total Claims	- 20 =		x \$ 18.00 =		
Independent Claims	- 3 =		x \$ 86.00 =		
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$290.00 =		
TOTAL:					
SMALL ENTITY DISCOUNT:					
SUBTOTAL (1)			(\$)	0.00	
2. AMENDMENT CLAIM FEES					
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	
Total 69	- 76 =	0	x \$ 18.00 =	0.00	
Indep. 2	- 3 =	0	x \$ 86.00 =	0.00	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$290.00 =		
TOTAL:			(\$)		
SMALL ENTITY DISCOUNT:			(\$)		
SUBTOTAL (2)			(\$)	0.00	
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK			
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		Respectfully submitted,  Date: August 5, 2004 Reg. No.: Limited Recognition Tel. No.: (617) 248-7808 Fax No.: (617) 248-7100 PTO Customer No. 021323 Duan Wu Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110			



PATENT  
Attorney Docket No. BSC-031CN

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Crowley                      CONFIRMATION NO. 7430  
SERIAL NO.: 09/881,283                  GROUP NO.: 3737  
FILING DATE: June 14, 2001              EXAMINER: W. Jung  
TITLE: Readable Probe Array for In-Vivo Use

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 5<sup>th</sup> day of August, 2004.

Diane Racicot

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

1. Transmittal Form (1 page);
2. Fee Transmittal (1 pg);
3. A check in the amount of \$180.00;
4. Amendment and Response (12 pgs);
5. Supplemental Information Disclosure Statement (2 pgs);
6. PTO Form 1449 (1 pg);
7. Copies of reference A113-A121;
8. and a return receipt postcard.